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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/563,422	01/05/2006	Per Jacobsen	1PB.021	4573	
	7590 09/21/200 CKMON & VOORHEI		EXAMINER		
673 S. WASHINGTON ST ALEXANDRIA, VA 22314			KATCHEVES, BASIL S		
ALEXANDRIA	A, VA 22314		ART UNIT PAPER NUMBER		
			3635		
			MAIL DATE	DELIVERY MODE	
			09/21/2009	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsions Community	10/563,422	JACOBSEN, PER	
Interview Summary	Examiner	Art Unit	
	BASIL KATCHEVES	3635	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>BASIL KATCHEVES</u> .	(3)		
(2) <u>John Shannon</u> .	(4)		
Date of Interview: <u>17 September 2009</u> .			
Type: a)☐ Telephonic b)☐ Video Conference c)☒ Personal [copy given to: 1)☐ applicant 2	²)⊠ applicant's representative	•]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>18</u> .			
Identification of prior art discussed: <u>Persson</u> .			
Agreement with respect to the claims f) was reached. g	)⊡ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Add limitations to release</u>			was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERPRIEMENTS ON REVERSE SIDE OF THE SHEET.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	been filed, APP ' DAYS FROM T WHICHEVER IS	LICANT IS 'HIS LATER, TO
/Basil Katcheves/ Primary Examiner Art Unit 3635			

Application No.

Applicant(s)